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CONFIRMATION NO. 3565

<b>SERIAL NUMBER</b> 10/657,006	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 10271-116-999
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## APPLICANTS

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*(Handwritten: ZS 9-25-06)*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/409,024 09/05/2002 and claims benefit of 60/410,385 09/12/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>(Signature)</i> Initials <i>ZS</i>				

## ADDRESS

20583

## TITLE

Methods of preventing or treating T cell malignancies by administering CD2 antagonists

<b>FILING FEE RECEIVED</b> 2918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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